

To: Vermont Health Benefit Exchange Advisory Committee

From: Bailit Health Purchasing (Beth Waldman, Brendan Hogan, Joshua Slen)

RE: Proposed Marketing and Outreach Plan; Navigator Proposal

Date: June 27, 2011

This memo focuses on the mandatory and optional functions of the Health Benefits Exchange (Exchange) relating to 1) Marketing and Outreach, and 2) Navigators. It presents findings from a series of reports and focus groups, describes the Patient Protection and Affordable Care Act (ACA) requirements, and presents recommendations for moving forward in Vermont.

1. Focus Group Meetings and Report Findings

During the course of our Advisory Committee meetings this spring, we have presented a series of information collected during surveys and focus groups with the uninsured, underinsured, small businesses, brokers, and non-profit organizations. Each report can be found on the state's Exchange website at <http://dvha.vermont.gov/administration/health-benefits-exchange>. In summary, those surveys and focus groups found that:

- The uninsured are not familiar with the ACA, its requirements of coverage, and the potential for subsidized coverage;
- Many uninsured formerly received coverage through a public program in Vermont but "churned" off the system;
- Small businesses do not have a clear understanding of the ACA and how it may impact their purchase of health insurance;
- Non-profit organizations focus their work on low-income individuals and have less experience with higher-income individuals and small businesses; and,
- Brokers work in several different settings; depending on their small business clients, brokers are more or less involved in plan selection and providing direct consumer guidance.

During our May 4th Advisory Committee meeting, we heard about some lessons learned from the implementation of Catamount Health and Green Mountain Care – the umbrella brand for Catamount Health, Catamount Health with Premium Assistance, Employer-sponsored insurance with premium assistance, the Vermont Health Access Program (VHAP), Dr. Dynasaur, Medicaid, and a number of pharmacy assistance programs - in relation to marketing, education, outreach, and training. At the suggestion of the group, the State, with assistance from Bailit, held a series of focused conversations to explore in more detail the lessons learned from previous expansions in Vermont and to understand in more detail how brokers interact with small businesses and their employees today.

A. Marketing/Outreach Lessons from Catamount – Insurer Perspectives

On May 31, 2011, the State organized a meeting with health insurers participating in Catamount Health to obtain their perspective on lessons learned from the marketing and outreach for Catamount to inform the development of a marketing/outreach plan for the Exchange. The following are highlights from that conversation:

- The State, through its Department of Vermont Health Access (DVHA), worked closely with its health insurer partners to utilize a joint marketing strategy that complemented each other;
- Different populations require different approaches to marketing and outreach;
- Training on available products is important to ensure consistent program understanding;
- It can be difficult to reach certain populations including young adults, individuals that live in rural parts of the state, and lower-income individuals;
- Insurers had varying levels of success in their marketing and outreach campaign;
- BCBSVT had strong success in attracting young adults into Catamount Health through a targeted campaign at college campuses;
- MVP had less success utilizing their existing market of health insurance brokers to enroll individuals in Catamount; MVP marketed its overall brand, but not its Catamount Health product specifically, and believe that this approach hurt its market share;
- The DVHA teamed up with the VT Department of Labor (DOL) to conduct targeted outreach to Vermont employers that were going out of business to provide employees with information about Green Mountain Care. Several times, the carriers were also present; and,
- Associations help small businesses and their employees enroll in health insurance.

B. Health Insurance Brokers

On May 26, 2011, the State held a meeting with health insurance brokers in order to assess how brokers currently interact with individuals and businesses in the sale and servicing of health care insurance products. Three brokers attended the discussion. One worked for a small firm and two worked in larger firms (over 30 and over 70). The brokers association and MVP were also represented at the meeting. Each broker described their book of business, including the number and size of accounts their firms managed, the number of total broker employees, the number of broker employees dedicated to health care insurance lines of business within their firm, and the percentage of total revenues derived from health insurance lines of business. Brokers service the small group market; they do not typically assist individuals in purchasing non-group coverage.

Brokers are required to be licensed in Vermont; to remain licensed, a broker must meet continuing education requirements. They are also required to have liability insurance and errors-and-omissions coverage. There are approximately 52,000 registered brokers in Vermont. However, the group estimated that only 500-1000 individuals actively assisted in health insurance activities.

The day-to-day work of a broker¹ may include participating in the following activities:

- reviewing coverage options;
- enrolling people into health insurance plans;
- communicating with insurers, employers, and employees about Health Savings Accounts and other options;
- reviewing benefit plan options; and,
- reviewing health-related tax issues.

Generally all brokers present indicated that there is a need today for one-on-one guidance both during the selection process (sale) and on an ongoing basis (servicing). Brokers today confer by phone, by email, in person, and over the internet with their customers. They describe their role as an advocate for both employers and their employees. Depending on the need and desire of the employer, the brokers may meet with individuals or groups of employees.

Often brokers assist employers with all insurance needs, not just health insurance. The brokers noted that health insurance sales and servicing are more labor intensive than other lines of insurance products. In some cases, brokers also assist employers or insurers with add-ons, including wellness initiatives. Nationally about 8% of a broker's income comes from health insurance policies. However, for some, health insurance makes up the majority of an agent's business. For example, one representative indicated that between 30 and 35 percent of his revenue from is from health insurance. Another representative noted that 60 percent of his business is health insurance. Statewide, brokers earn \$18 million in commissions for all lines of business, including health insurance services each year.

From the perspective of an insurer, brokers look at all the needs of an employer or individual. MVP notes that it does not charge a specific employer group more for use of a broker, but that broker commissions are included in the under 50 group rates that are filed with BISHCA. This is not the case for groups larger than 50.

The brokers sought to describe their role as essential, focusing on their services directly to insureds, including:

- Coverage choice
- Problem solving
- Insurance and tax advice
- Group enrollment and buy-up of supplementary benefits
- Taking insureds' needs to employers and carriers

¹ The Vermont Insurance Agents Association is in the process of developing a white paper that describes in more detail the current role of insurance brokers in the health insurance market in Vermont.

C. Community Organizations – Perceptions on Enrollment and Outreach

On May 31, 2011, the State organized a meeting with community-based organizations that currently provide outreach for public health programs in Vermont. This group agreed on the importance of utilizing a combination of approaches as part of a successful marketing outreach campaign, including television and radio, printed materials, and website. The group cautioned against ordering too much hard-copy materials, as they quickly become out of date.

The participants suggested that marketing and outreach needed to be a multi-step process, as follows:

Step # 1 – Brand Awareness – (like Green Mountain Care)

Step # 2 – General program education and information

Step # 3 – Specific enrollment and education process

Based on previous experience, the group noted that marketing campaigns and outreach materials need to be backed up by the ability to interact one-on-one, either in person or by phone with consumers in order to provide answers to specific questions based on an individual's specific circumstances. The group also discussed the importance of having customer service staff hours expanded and more staff available at the beginning of a program to help with the increased customer service need. Many commented that expanded hours should be permanent.

The group felt that early awareness of Catamount Health and Green Mountain Care was due in large part to the resources that the State put into having a marketing plan that focused on brand awareness of Green Mountain Care and its various programs. A key goal of Green Mountain Care was to provide one place for information and coverage. The State retooled its existing call center at MAXIMUS to handle the increase in coverage options and call volume. The group felt that, on the whole, the State appropriately leveraged both MAXIMUS and community-based organizations to assist with general education and answering specific questions. The State also worked one-on-one with the human resources department within state agencies to raise awareness of Green Mountain Care, to varying degrees of success. The group urged the State to continue to raise awareness of Green Mountain Care among state employees.

Participants noted that sufficient funding must be allocated to get information out about health insurance programs in the future, as was the case during the Green Mountain Care launch. The mode of communication can vary, and having a message get more specific over time is important, meaning the State should start with general information and make the message more and more specific over time.

The group suggested that the State should be creative with marketing and outreach and utilize a variety of media ads that reach different target populations, discussing the Exchange and the importance of insurance. Examples mentioned by the group included hunters, school nurses, and the Governor. Having different types of individuals carrying the message about the Exchange and the importance of insurance will help the state to reach all of the uninsured.

The group discussed the various ad campaigns that were used for the Green Mountain Care roll out. One ad that stood out for participants was the infamous horse commercial where the person's horse fell over during the commercial, and the person talked about Green Mountain Care. Participants believed this ad helped build brand recognition of Green Mountain Care as it was so memorable. Individuals remembered the ad nearly 70% of the time. A lesson learned about ads is to not use Screen Actors Guild actors as part of advertisements. Some of the Green Mountain Care ads will not be able to be used because of the cost of paying for union fees and royalties. The group indicated that using a real Vermont person might be even more effective in the ad. The ads helped to bump up enrollment to 90-92%.

For general awareness, the group discussed the merits of having an ad campaign that utilizes both a carrot and a stick approach. (e.g., Click it or Ticket, where the initial message was safety, but when utilization stagnated, the focus shifted to ticketing and resulted in increased seat belt usage). Potentially a similar campaign could be invoked for the Exchange, combining the health benefits of coverage with the insurance mandate. The group also discussed the potential of utilizing a positive ad campaign that attaches an incentive for an individual who applies early for a health coverage program. The group believed that incentives may be necessary to entice people to sign up for coverage, including young adults and pre-Medicare individuals.

The group talked about the importance of not getting information out too soon; while more general information may come out sooner, more detailed information should not come out more than two months prior to the program start date. For example, with Catamount, information and training occurred in the summer; a soft launch occurred October 1; and coverage officially began on November 1. Advertising also began on November 1 and ran for three weeks. The State put its advertising campaign on hold during the holiday season and then ran ads again for three additional weeks in January.

The group discussed reasons individuals do not sign up for health insurance and possible ways to target individuals and help them overcome such barriers. Key challenges mentioned by participants included the cost of health insurance (even with subsidies), and the administrative burden of enrolling in coverage (application and related paperwork). One participant noted success in reaching out to family members who may help an individual in need to apply, where it is unlikely that outreach to the individual would be successful. Another successful strategy has been the "Grad Campaign" that was designed to reach parents of children about to graduate from school, and therefore potentially lose current public health coverage.

There are a variety of places in which to reach individuals in person to provide education about a new program, as well as to provide assistance in applying for coverage. For instance, a Women, Infants, and Children's (WIC) Clinic has proven to be a good place to outreach to potential individuals who are uninsured; organizations have had less success (one-on-one) with bigger fairs. Meeting participants noted a number of events where there was little obvious interest in health coverage at the event, and where they questioned the value of future presence at similar events. However, others noted that presence at a variety of organizations and events, especially at the onset of the program, served to help

provide general awareness of a new program that may later result in follow-up or enrollment. Participants also mentioned the possibility of providing information on a town-by-town basis to town clerks and “green up” coordinators in each town. They also believe that organizing a word-of-mouth campaign could be helpful.

An important first step in outreach is to be very cognizant of how information is presented to people who have challenges with literacy or are functionally illiterate. Materials must be produced at a certain grade level (6th grade or lower). Information should be presented using basic terms and not insurance terminology. The average citizen has an aversion to insurance.

A suggestion was made that the approach to outreach should be like any mobilization of the public for a “public health crisis.” The difference here is that it is not a crisis, but the importance of it being a public health improvement should not be understated. The mobilization of community members can include businesses, unions, well-trained field workers, and other volunteers.

Vermont data show that most uninsured individuals are employed. During the launch of Green Mountain Care, the state attempted to outreach to individuals at their place of employment; however, privacy concerns prevented the Department of Labor (DOL) from releasing information about employment to other parts of state government. If the State is able to identify ways to release this information or utilize the DOL to outreach directly to employers and their employees, the State may be able to outreach directly to businesses and reach their uninsured workforce. VT NEA has been successful in speaking with individuals at their workplace.

A key ingredient to any outreach event is having trained people helping Vermonters with their questions about the new program. Ensuring that state workers are trained on the Exchange and coverage available through it is an essential ingredient to the success of the program. Statewide trainings for state employees would be a way to build awareness. The trainings should be more specific as the work is more closely connected to the work the person at the state does. For example, staff in the Health Access Eligibility Unit (HAEU) within the Department for Children and Families and field workers would need to have detailed training about changes in health care programs. However, staff at the Tax Department or the Department of Motor Vehicles (DMV) would need only general information.

Training should be ongoing, with consistent information provided. For all trainings it is important to develop a method to talk to people in a language that makes sense, making sure that the following areas are addressed: benefits, cost, and access to care. A participant suggested continued utilization of the Bridges Out of Poverty Workshop offered as training to many Vermont Agency of Human Services managers. The Workshop helps managers understand how people make decisions about health coverage based on tight fiscal realities. The group believed that using train-the-trainer events was a key way to provide a consistent message about the program and an efficient way of getting information out to a large number of individuals. For example, Bi-State Primary Care works with the free clinics in Vermont, as well as the federally qualified health centers, and provides trusted information to the staff that is then shared with potential beneficiaries.

Participants noted the importance of working through releases and confidentiality issues to ensure that individuals providing one-on-one assistance would have the ability to share with and receive information from a client in order to move the process along. A lesson learned also is that State notices that include conditional language are difficult for individuals to understand; clearer non-conditional language in notices is better. It was noted that this is difficult to do since legal rights are listed on notices, and notices are generally sent to explain why someone is found eligible or ineligible. The ability for applicants and application assistants to access applications online is helpful. The group indicated that they respond more and more to email requests containing program questions.

2. Marketing and Outreach

The ACA creates many new options for covering consumers. Successful implementation of the ACA requires extensive marketing, public education, outreach, and training. Vermont can leverage its successful experience and lessons learned from the marketing and outreach related to the launch of Green Mountain Care. With the ACA expansion, the State must focus its campaign on both consumers and employers. For consumers, the focus should likely be on the benefits of health coverage coupled with the insurance mandate and the types of insurance assistance they are eligible for. For employers, the focus should be on the employer requirements, employee affordability, and tax credits. It will be important for the state to hire a firm with marketing expertise to validate and expand on these messages.

The ACA anticipates that state Exchange design will emphasize and prioritize streamlined eligibility and enrollment to ease any administrative burden associated with obtaining new options for coverage.² Regardless of a state's ability to successfully implement an Exchange that is simple to navigate, the new programs and changing landscape will undoubtedly create some initial confusion in the marketplace, making the state's initial marketing, public education, and outreach campaign of the utmost importance to the success of health reform. This may be particularly true in Vermont, where the state plans to leverage the Exchange to implement its single-payer system.

To strategically inform the public about the requirements of the individual mandate and inform them of the availability of subsidized coverage for individuals and small employers, we recommend that Vermont develop and implement a marketing and outreach plan. At a high level, the plan should:

- be organized around a set of simple messages that emphasize the states priorities;
- include numerous public education and outreach campaigns, collaborating with state agencies,³ community organizations, and corporate and civic organizations;
- leverage the mandatory functions of the Exchange, including the call center and Navigators; and,
- be augmented by campaigns of health plans that participate in the Exchange.

² While eligibility and enrollment simplification is beyond the scope of this memo, the final design of the program and steps the state takes to reduce the administrative burden (to both the individual and the state) of enrolling in and maintaining public coverage will be key to the goal of enrolling the uninsured in and maintaining that coverage.

³ Act 48 requires the state to look at the use of both the DMV and the DOL as avenues for outreach and enrollment.

Massachusetts utilized a strategic marketing plan with the launch of its health reform program in 2006.⁴ Some of the activities in Massachusetts included:

- 1) A series of statewide forums called Connect-to-Health events. In collaboration with state legislators, municipal officials, local hospitals, community health centers, and community groups, the Connector sponsored 30 events in 20 communities across the state;
- 2) A postcard mailing to nearly three million Massachusetts taxpayers. The card provided information on the requirements of the new law and the opportunities for purchasing insurance through the Connector;
- 3) Outreach activities in collaboration with the Massachusetts Bay Transportation Authority (MBTA). Public education included display posters addressing the law in MBTA cars and tear-away note cards for contacting the Connector in order get additional information on health insurance programs;
- 4) Partnerships with several corporate and civic organizations in order to disseminate information on health reform to the public including CVS stores and the Red Sox.

The Blue Cross Blue Shield Foundation of Massachusetts launched a series to provide national guidance and lessons learned from the Massachusetts experience. As part of that series, the Foundation developed a toolkit focused on education and marketing entitled: “Implementing a Successful Public Education and Marketing Campaign to Promote State health Insurance Exchanges.”⁵ As described in the ToolKit, the success of the Massachusetts marketing campaign was measured by progress in increasing the numbers of Massachusetts residents with health insurance. But that measure, the campaign was a success, since enrollment increased from 90.2% prior to reform, to 97.3% in 2009, and to over 98% in 2010. Another important strategy of the Massachusetts campaign was to drive traffic to the Connector’s website. The marketing team tracks this performance on a monthly basis.

Because Vermont is a more rural state than Massachusetts with fewer urban centers, it will need a marketing and outreach strategy tailored for its unique geography and population demographics. Since Vermont has already expanded coverage, it is likely that those who remain unenrolled are the “difficult to reach.” Specifically, very few Vermonters remain without insurance, and approximately one third of the uninsured are currently eligible but not enrolled in Medicaid or other public health coverage.⁶

Vermont will need to build not only upon past experiences to utilize proven outreach and education strategies, but also will need to work with various stakeholders to understand better why people do not enroll in programs for which they are eligible. The ACA requires that the Exchange maintain a call center

⁴ During its initial implementation (2006-2007), Massachusetts spent \$4 million on its marketing and outreach campaign.

⁵ The kit, published in May 2011, was developed in collaboration with the Massachusetts Health Connector and funded through the Robert Wood Johnson Foundation. It is accessible at <http://bluecrossfoundation.org/Health-Reform/Lessons/Toolkit-Series.aspx>.

⁶ For additional information on the uninsured population in Vermont, see the Bailit Exchanges Function memo available at <http://dvha.vermont.gov/administration/health-benefits-exchange>.

with a 1-800 number to assist individuals with their insurance transactions. This call center will also need to be a robust educational center and triage calls to the appropriate agency staff. The State may want to align and capitalize on stakeholder capabilities. A multi-pronged outreach and educational strategy may be necessary and should include Exchange employees, state employees working for social service agencies, school-based promotional activities, community-based advocacy organizations, private employers, business groups, hospitals, community health centers, physicians, health insurers, paid media, and public service announcements.⁷

In addition to providing outreach and education to individual consumers, employers will also need education and outreach on the ACA requirements around offering coverage and the availability of tax credits. Vermont is largely made up of small employers, and there is an opportunity to serve many of these employers in the SHOP Exchange. Lewin has estimated that 13,100 small businesses in Vermont are eligible for the small employer tax credits.⁸ It is essential to the success of the Exchange that the State's marketing plan focus its message, in part, on the benefits of the Exchange for small businesses. The State will need to strategize on how much to incorporate the single-payer concept from the start in this piece of the marketing.

Recommendation:

1. Vermont should develop a comprehensive marketing and outreach strategy that includes different levels of marketing and outreach depending on the phase of the Exchange, including pre-implementation, implementation, and ongoing. In developing its marketing and outreach strategy, the state should leverage its experience in implementing Catamount Health but consider the different populations and messages to be included in this campaign.

2. As a first step, Vermont should develop an overarching message and branding for its Exchange campaign and should determine early on when, to what extent, and how it will weave in its ultimate goal of a single payer. In developing its message, the State should first identify its goals, audiences, and messages. The overarching message should be used mainly in the pre-implementation process to provide broad information about the coming availability of the Exchange and its benefit to Vermonters, including small businesses. The message may be conveyed through a variety of means, including print, television and radio advertisements, brochures, fact sheets, Q&A documents, public information forums and community events, and other means.

3. In developing its overarching message and branding, it is essential that Vermont hire a marketing firm. Expertise in policy development does not equate to expertise in marketing. As part of its development of the marketing campaign, the selected firm should conduct market research to shape strategies and messages, and to determine best private and public organizations with which to partner to increase market penetration.

⁷ Carey, Robert; Health Insurance Exchanges: Key Issues for State Implementation, September 2010, AcademyHealth, State Coverage Initiatives, RWJ Foundation.

⁸ <http://govcha.state.nv.us/docs/SBHelpingHand.pdf>

4. Based on its overarching message, Vermont should next develop a strategy for providing more detailed and targeted marketing as the implementation of the Exchange nears. This phase of marketing should focus on whom the Exchange can begin to cover immediately, and, to the extent necessary, aim to reduce any fears by clarifying who is not impacted by the Exchange at the start. In developing materials, the State should leverage its previous activities, and as implementation nears, should collaborate closely with insurers that will be participating in the Exchange to ensure consistent messaging.

5. A multi-pronged outreach and educational strategy may be necessary and should include Exchange employees, state employees working for social service agencies, school-based promotional activities, community-based advocacy organizations, private employers, business groups, hospitals, community health centers, physicians, health insurers, paid media, and public service announcements.

6. It is essential to the success of the Exchange that the State's marketing plan focus its message, in part, on the benefits of the Exchange for small businesses.

7. The State's marketing plan needs to incorporate targeted outreach and comprehensive training. In addition to broad marketing of the program, it will be essential to have a comprehensive training program that provides widespread training for state staff and vendors, as well as providers, advocacy organizations, small businesses, chambers of commerce, and other interested organizations. In previous expansions, "Train the Trainer" models have been quite successful. The State should take advantage of this as much as possible. However, to take advantage of this model, the State will need to define clearly the role of the Navigator versus the role of others in the community who have traditionally aided in enrollment, regardless of an official role in the process.

8. To the extent possible, once the program is implemented (or potentially at the point when the state is ready to accept applications), Vermont should consider tying education of the program to enrollment. Under such a scenario, an individual who learns about the program at a community forum may be able to apply for the program while there.

3. Navigator Program

An integral part of education and outreach for the Exchange is the Navigator Program. Section 1311(i) of the ACA requires an Exchange to establish a Navigator program that provides grants to entities that assist consumers as they seek services from an Exchange. To be eligible as a Navigator, an entity must demonstrate that it has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to enroll in a qualified health plan. Further, the law defines the duty of navigators to:

1. Conduct public education activities that raise awareness of the availability of qualified health plans;
2. Distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits and cost-sharing reductions;
3. Facilitate enrollment in qualified health plans;
4. Provide referrals to any applicable office of health insurance consumer assistance or health

insurance ombudsman established under the law, or any other appropriate state agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and,

5. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by an Exchange.

Navigators will be central to addressing special needs and gaps in the general education efforts of the State. The ACA envisions the consumer as the client for a Navigator. The ACA stipulates that payment will be in the form of grants. Payment should not create incentives to encourage or discourage certain consumer behavior or preferences. Information should be provided to consumers in a way that can be understood by the consumer, including presentation of information in a culturally sensitive manner or for those with low-proficiency English, and people with disabilities or who otherwise have special communication needs. Navigators can also help applicants and enrollees compare benefit designs and plan features, as well as present information about the relative price and quality of the health plans offered through the Exchange.

Key Considerations

It is important to keep in mind that the population needs for those purchasing insurance may be somewhat different than those seen in the private insurance market today. For example, because of the individual mandate, people who have not had health insurance before may be eligible for premium tax credits. In addition, most consumers have not purchased health insurance on their own and will need assistance with this complex process. Different Navigator entities will likely be needed to meet the diverse needs of the new consumers who will be accessing an Exchange for insurance coverage. Lower-income individuals are probably more likely to change addresses, jobs, or income levels, making re-enrollment more of a challenge.

Identifying people and places where various populations currently seek information and assistance around health insurance issues will be critical in this process. For example, Vermont will need to meet with stakeholders, community organizations, and other state and federal agencies to determine the needs of the various populations who will be served by an Exchange.

Massachusetts has seen great success in the utilization of community-based organizations to provide specific information on health coverage generally, and detailed information on coverage options specifically. For example, Massachusetts has provided funding to a statewide advocacy program, Health Care for All, to run a hotline to answer both general and specific questions. In addition, Massachusetts has long provided mini-grants to community-based organizations to assist individuals in applying for and maintaining enrollment in public health coverage programs.

The ACA identifies the following entities as potential Navigators, including: trade, industry, and professional associations; chambers of commerce; unions; and community-based, non-profit groups. Further guidance is expected from HHS on standards relating to Navigators. However, federal law does preclude insurers from serving as Navigators and also prohibits Navigators from receiving direct reimbursement from insurers for enrolling someone in a qualified health plan (QHP). Because the

federal government does not provide funding for Navigator services, Vermont will need to develop a financing plan for these services.⁹

Recommendation

1. The Navigator Program should play a central role in Vermont's early efforts to educate and outreach to the public about coverage available through the Exchange. Navigators should both be able to provide general and specific information on coverage available through the Exchange, including one-on-one assistance (either in person or, if needed, face to face) to help small employers and individuals enroll and re-enroll in health plans through the Exchange.

2. The State will need to determine an overall budget for the Navigator program, without reliance on federal funds, and should provide enhanced funding during the initial Exchange implementation period. More robust navigation assistance will be required up front. The need for navigators will remain, however to a lesser extent, to assist individuals and employers with maintaining enrollment.

3. Navigators should have the capacity to serve clients over the phone, by email, and in person, as most appropriate. While it will be important to have some local presence and face-to-face capacity, it is likely that much navigation can take place over the telephone.

4. The Navigator function should be well-coordinated with that of State and call center staff. The Navigator's role should work in conjunction with that of State eligibility staff and call center staff to allow consumers and businesses the maximum amount of assistance. This, however, will require careful training across eligibility staff, call center staff, and navigators to be clear on their differing roles, when to refer individuals and small businesses to different parts of the system, including the Ombudsman, and to ensure that a consistent message is provided to individuals and small businesses regardless of which resource they are working with.

5. Navigators will need to utilize different approaches in assisting individuals and small employers. It is important to note, however, that often small businesses may be the self-employed. While the Exchange is likely to treat groups of one as individuals, the approach to outreaching will likely need to be more similar to that provided to small businesses. Given the need for different approaches, it may be necessary to have different entities outreach to individuals and small businesses.

6. Navigators must be paid through grants under the ACA, but the State has flexibility in its approach to contract with Navigators. There are several approaches the State may take in developing its navigator program, including:

- Hiring staff directly to serve as Navigators
- Contracting with individuals and/or organizations to provide navigator services to Vermonters, with State staff directly managing these vendors

⁹ The Bailit Team will include potential financing for the Navigator role as part of the initial financial sustainability model that it is developing for the Exchange under the Implementation Planning Grant.

- Contracting with individuals and/or organizations to provide navigator services to Vermonters and hiring a single entity to manage the Navigator Program.

7. All Navigators, regardless of how Vermont ultimately contracts for such services, should be required to receive a significant amount of training. Navigators should be required to have an appropriate license or a certification based on levels of training and understanding in order to begin to provide education and assistance to the community, individuals, and employers. In addition, Navigators should be required to have continual training to stay abreast of program changes and, during regular trainings or at other regular meetings, must provide comprehensive feedback to the state on the impact of the marketing and outreach campaign at the community, individual, and employer level.

8. The State should not automatically include or exclude any particular type of entity (within the parameters of the ACA requirements) as Navigators; instead the State should focus on clearly defining the Navigator role in terms of specific skills and outcomes. In order to hire Navigators, whether directly or through an entity, the State must develop a Request for Proposals (RFP) for qualified individuals or agencies to provide Navigator functions in different areas of state. We recommend that the RFP focus on needed skills and experience, and not specifically include or exclude any particular entity (consistent with the ACA requirements). Entities should have the option to bid on serving either or both individuals and small businesses as Navigators, but should be evaluated separately based on experience and skill. Entities should also have the option on bidding to serve all areas of the state or just particular regions.

9. While payment of Navigators must be through grants, some portion of payment should be tied to performance-based measures.